

Family Planning

What is Family Planning? [WAC 388-532-050]

Family planning is medical care, contraceptive supplies, and educational services that enable individuals to plan and space the number of children by using contraception to avoid unintended pregnancy.

Contraceptive Management

The following contraceptives may be administered in a provider's office:

Procedure Code	Brief Description
Cervical Cap/Diaphragm	
A4261	Cervical cap for contraceptive use
A4266	Diaphragm
57170	Fitting of diaphragm/cap
Implant	
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. (One allowed in a 5-year period.) No longer available.
11975	Insert contraceptive capsule
11976	Removal of contraceptive capsule
11977	Removal/insert contra capsule
Injectables	
J1055	Medroxyprogesterone acetate inj (Depo Provera). (Allowed once every 67 days.)
J1056	Injection Medroxyprogesterone acetate/estradiol cypionate 5mg/25 mg (Lunelle). (Allowed once over 23 days.) No longer available.
90782	Injection, subcutaneous/intramuscular. (Allowed when the contraceptive injection is the only service performed.)
Intrauterine Devices (IUD)	
J7300	Intrauterine copper device (Paragard)
J7302	Levonorgestrel-releasing IUD (Mirena)
S4989	Intrauterine device (non-copper) (Progestasert) No longer available.
58300	Insertion of IUD
58301	Removal of IUD
J3490*	Unclassified Drugs Use for emergency contraceptive pills, including Preven and Plan B.

*Claims billed with unlisted drug code J3490 must include the NDC and the dose administered to the client in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

Sterilization

What is sterilization? [Refer to WAC 388-531-1550(1)]

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal ligations.



Note: MAA does not reimburse for hysterectomies performed solely for the purpose of sterilization. Refer to page H.16 for information on hysterectomies.

What are MAA's reimbursement requirements for sterilizations? [Refer to WAC 388-531-1550(2)]

MAA covers sterilization when all of the following apply:

- The client is at least 18 years of age at the time consent is signed;
- The client is a mentally competent individual;
- The client has **voluntarily** given informed consent in accordance with all of the requirements explained under this section as required by 42 CFR 441.258; and
- At least 30 days, but not more than 180 days, have passed between the date the client gave informed consent and the date of the sterilization.



Note: MAA reimburses providers for sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system.

MAA reimburses providers (e.g., hospitals, anesthesiologists, surgeons, and other attending providers) for the sterilization procedure only when a completed, federally approved Sterilization Consent Form is attached to the claim. MAA reimburses after the procedure is completed.

MAA reimburses providers for epidural anesthesia in excess of the six-hour limit for deliveries if sterilization procedures are performed in conjunction with, or immediately following, a delivery. MAA determines total billable units by:

- Adding the time for the sterilization procedure to the time for the delivery; and
- Determining the total billable units by adding together the delivery base anesthesia units (BAUs), the delivery time, and the sterilization time.

Do not bill the BAUs for the sterilization procedure separately.

Additional Requirements for Sterilization of Mentally Incompetent or Institutionalized Clients

Providers must meet the following additional consent requirements before MAA reimburses the provider for the sterilization of a mentally incompetent or institutionalized client. MAA requires both of the following to be attached to the claim form:

- A court order that states the client is to be sterilized; and
- A Sterilization Consent Form signed by the legal guardian.

When does MAA waive the 30-day waiting period? [WAC 388-531-1550(3) (4)]

MAA waives the 30-day waiting period, **but requires** at least a 72-hour waiting period, for sterilization in the following circumstances:

- At the time of premature delivery, the client gave consent at least 30 days before the *expected* date of delivery. The expected date of delivery must be documented on the consent form.
- For emergency abdominal surgery, the nature of the emergency must be described on the consent form.

MAA waives the 30-day waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, **and** completes a sterilization consent form when one of the following circumstances apply:

- The client became eligible for Medical Assistance during the last month of pregnancy (*“NOT ELIGIBLE 30 DAYS BEFORE DELIVERY”*); or
- The client did not obtain medical care until the last month of pregnancy (*“NO MEDICAL CARE 30 DAYS BEFORE DELIVERY”*); or
- The client was a substance abuser during pregnancy, but is not using alcohol or illegal drugs at the time of delivery. (*“NO SUBSTANCE ABUSE AT TIME OF DELIVERY.”*)

The provider must note on the HCFA-1500 claim form in field 19 or on the backup documentation, which of the above waiver conditions has been met. Required language is shown in parenthesis. Electronic billers must indicate this information in the *Comments* section.

When does MAA not accept a signed Sterilization Consent Form?

[Refer to WAC 388-531-1550(5) (6)]

MAA does not accept a signed Sterilization Consent Form obtained when the client is in any of the following conditions:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or other substances that affect the client's state of awareness.

Why do I need a DSHS-approved Sterilization Consent Form?

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed Sterilization Consent Form is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons as well as the facility in which the surgery is being performed must obtain a copy of a completed Sterilization Consent Form to attach to their claim. **No other form will be accepted.**

MAA denies claims for sterilization procedures received without a Sterilization Consent Form.

MAA denies claims with an incomplete or improperly completed Sterilization Consent Form. Claims and completed Sterilization Consent Forms must be submitted to:

**DIVISION OF PROGRAM SUPPORT
PO BOX 9248
OLYMPIA WA 98507-9248**

Who completes the Sterilization Consent Form?

- Sections I, II, and III of the Sterilization Consent Form are completed by the client, interpreter (if needed), and the physician/clinic representative more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page H.3: "When does MAA waive the 30 day waiting period?" and/or section IV of the Sterilization Consent Form.
- The bottom right portion (section IV) of the Sterilization Consent Form is completed on or after the surgery date by the physician who performed the surgery.

Download the Sterilization Consent Form and Client Statement form at:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

How to Complete the Sterilization Consent Form

- All information on the Sterilization Consent Form must be legible.
- All blanks on the Sterilization Consent Form must be completed *except* race, ethnicity, and interpreter's statement (unless needed).
- MAA does not accept "stamped" or electronic signatures.

The following numbers correspond to those listed on the Sterilization Consent Form:

Section I: Consent to Sterilization	
Item	Instructions
1. Physician or Clinic:	Must be name of physician or clinic that gave client required information regarding sterilization. This may be different than performing physician if another physician takes over.
2. Specify type of operation:	Indicate type of sterilization procedure.
3. Month/Day/Year:	Must be client's birth date.
4. Individual to be sterilized:	Must be client's name and match Items #7, #12, and #18 on Sterilization Consent Form.
5. Physician:	Must be name of physician who will perform sterilization. Physician who performs surgery must be same physician who signs on bottom right (see #22) of Sterilization Consent Form. If a different physician performs the surgery, he/she must complete Item #22 and attach a completed Client Statement Form (see page H.12).
6. Specify type of operation:	Indicate type of sterilization procedure.
7. Signature:	Client signature. Must be client's first and last name. Must match name on Items #4, #12, and #18 on Sterilization Consent Form. Must be original signature in ink.
8. Month/Day/Year:	Date of consent. Must be date that client signed Sterilization Consent Form. Must be more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page H.3: "When does MAA waive the 30 day waiting period?" and/or section IV of Sterilization Consent Form.

Section II: Interpreter's Statement

Item	Instructions
9. Language:	Must specify language into which sterilization information statement has been translated.
10. Interpreter:	Must be interpreter's name. Must be original signature in ink.
11. Date:	Must be date of interpreter's statement.

Section III: Statement of Person Obtaining Consent

Item	Instructions
12. Name of individual:	Must be client's first and last name. Must match client's name on Items #4, #7, and #18 on Sterilization Consent Form.
13. Specify type of operation:	Indicate type of sterilization procedure.
14. Signature of person obtaining consent:	Must be original signature in ink.
15. Date:	Date consent was obtained.
16. Facility:	Must be full name of clinic or physician obtaining consent. Initials are not accepted.
17. Address:	Must be physical address of physician's clinic or office obtaining consent.

Section IV: Physician's Statement	
Item	Instructions
18. Name of individual to be sterilized:	Must be client's first and last name. Must match client's name on Items #4, #7, and #12 on Sterilization Consent Form.
19. Date of sterilization:	Must be more than 30 days, but less than 180 days, from client's signed consent date listed in Item #8. If less than 30 days, refer to page H.3: "When does MAA waive the 30 day waiting period?" and/or section IV of the Sterilization Consent Form.
20. Specify type of operation:	Indicate type of sterilization procedure.
21. Expected date of delivery:	When premature delivery box is checked, this date must be <i>expected</i> date of delivery. Do not use actual date of delivery.
22. Physician:	Physician's signature. Must be physician who <u>actually</u> performed sterilization procedure. Must be original signature in ink.
23. Date:	Date of physician's signature. Must be completed with either same date as listed in Item #19 or later. NO EXCEPTIONS!
24. Physician's printed name	Must be printed name of physician who signed in Item #22.



Note: If the physician who performs the surgery is different from the physician identified in Item #5, then a Client Statement Form must be attached to the Sterilization Consent Form. See "How to Complete a Client Statement Form."

How to Complete a Client Statement Form

When do I need a Client Statement Form?

- The physician who performs the surgery is different from the physician identified in Item # 5; or
- There is a change in the sterilization method.

General Guidelines

- All information must be legible.
- The Client Statement Form **must** be attached to the Sterilization Consent Form and submitted with each claim.
- The physician who performs the surgery must fill out Items # 18-24 on the Sterilization Consent Form.
- All blanks must be completed.

The following numbers correspond to those listed on the Client Statement Form:

Client Statement Form	
Item	Instructions
1. Individual to be sterilized:	Must be client's first and last name.
2. Physician:	Must be name of physician who <u>actually</u> performed sterilization. Must be same physician who signs Item #22 on Sterilization Consent Form.
3. Specify type of operation:	Indicate type of sterilization procedure.
4. Signature:	Client signature. Must be client's first and last name. Must match name on Items #4, #12, and #18 on Sterilization Consent Form. Must be original signature in ink.
5. Month/Day/Year:	Must be date that client signed Client Statement Form.

How to Complete a Sterilization Consent Form For a Client Age 18-20

1. Use DSHS 13-364 Sterilization Consent Form.
2. Cross out “**age 21**” in the following three places on the form and write in “**18**”:
 - a. Section I: Consent to Sterilization: “**I am at least 21...**”
 - b. Section III: Statement of Person Obtaining Consent: “**To the best of my knowledge... is at least 21...**”
 - c. Section IV: Physician’s Statement: “**To the best of my knowledge... is at least 21...**”



STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) _____
Physician or Clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) _____ The discomforts, risks, and
Specify type of operation

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) _____
Month Day Year

I (4) _____ hereby consent of my own
Individual to be sterilized

free will to be sterilized by (5) _____
Physician

by a method called (6) _____ My consent
Specify type of operation

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ (8) _____
Signature Month Day Year

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) _____ language and explained
Language

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ (11) _____
Interpreter Date

SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) _____ signed the consent form, I
Name of individual

explained to him/her the nature of the sterilization operation,

(13) _____ the fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ (15) _____
Signature of person obtaining consent Date

(16) _____
Facility

(17) _____
Address

SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) _____ (19) _____
Name of individual to be sterilized Date of sterilization operation

I explained to him/her the nature of the sterilization operation

(20) _____ The fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- | |
|---|
| <input type="checkbox"/> Premature delivery |
| Individual's expected date of delivery (21) _____ |
| <input type="checkbox"/> Emergency abdominal surgery (describe circumstances) |

(22) _____ (23) _____
Physician's Signature Date

(24) _____
Physician's Printed Name



SAMPLE STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu
Physician or Clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and
Specify type of operation

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) August 1, 1971
Month Day Year

I (4) Jane Doe hereby consent of my own
Individual to be sterilized

free will to be sterilized by (5) Dr. Tim Lu
Physician

by a method called (6) tubal ligation My consent
Specify type of operation

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ (8) August 20, 2001
Signature Month Day Year

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)
☐ Hispanic
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) _____ language and explained
Language

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ (11) _____
Interpreter Date

SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I
Name of individual

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ (15) August 20, 2001
Signature of person obtaining consent Date

(16) US Clinic
Facility

(17) PO Box 123, Anywhere, WA 98000
Address

SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001
Name of individual to be sterilized Date of sterilization operation

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery
Individual's expected date of delivery (21) _____
☐ Emergency abdominal surgery (describe circumstances)

(22) _____ (23) October 1, 2001
Physician's Signature Date

(24) Dr. Tim Lu
Physician's Printed Name



CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

CLIENT STATEMENT

I (1) _____ hereby consent of my own free will to be sterilized by (2) _____
Individual to be sterilized *Physician*

by a method called (3) _____ My consent expires 180 days from the date of my signature below. I
Specify type of operation

also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(4) _____ (5) _____
Signature *Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin) ☐ White (not of Hispanic origin)
☐ Asian or Pacific Islander ☐ Hispanic

INTERPRETER'S STATEMENT (To be used if an interpreter is provided to assist the individual to be sterilized.)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.
Language

Interpreter

Date



SAMPLE STERILIZATION CONSENT FORM NEEDING CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu
Physician or Clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and
Specify type of operation

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) August 1, 1971
Month Day Year

I (4) Jane Doe hereby consent of my own
Individual to be sterilized

free will to be sterilized by (5) Dr. Tim Lu
Physician

by a method called (6) tubal ligation My consent
Specify type of operation

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ (8) August 20, 2001
Signature Month Day Year

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)
☐ Hispanic
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) _____ language and explained
Language

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ (11) _____
Interpreter Date

SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I
Name of individual

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ (15) August 20, 2001
Signature of person obtaining consent Date

(16) US Clinic
Facility

(17) PO Box 123, Anywhere, WA 98000
Address

SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2002
Name of individual to be sterilized Date of sterilization operation

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery
Individual's expected date of delivery (21) _____
☐ Emergency abdominal surgery (describe circumstances)

(22) _____ (23) October 1, 2002
Physician's Signature Date

(24) Mary Williams
Physician's Printed Name



SAMPLE CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

CLIENT STATEMENT

I (1) Jane Doe hereby consent of my own free will to be sterilized by (2) Dr. Mary Williams
Individual to be sterilized *Physician*

by a method called (3) tubal ligation My consent expires 180 days from the date of my signature below. I
Specify type of operation

also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(4) _____ (5) October 1, 2001
Signature *Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin) ☐ White (not of Hispanic origin)
☐ Asian or Pacific Islander ☐ Hispanic

INTERPRETER'S STATEMENT (To be used if an interpreter is provided to assist the individual to be sterilized.)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in Spanish language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.
Language

Interpreter October 1, 2001
Date



STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu
Physician or Clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and
Specify type of operation

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 24 18 years of age and was born on (3) August 1, 1984
Month Day Year

I (4) Jane Doe hereby consent of my own
Individual to be sterilized

free will to be sterilized by (5) Dr. Tim Lu
Physician

by a method called (6) tubal ligation My consent
Specify type of operation

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ (8) August 20, 2001
Signature Month Day Year

You are requested to supply the following information, but it is not required.
Race and ethnicity designation (please check):

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)
☐ Hispanic ☒ Asian or Pacific Islander ☐ White (not of Hispanic origin)

SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) _____ language and explained
Language

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ (11) _____
Interpreter Date

SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I
Name of individual

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 24 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ (15) August 20, 2001
Signature of person obtaining consent Date

(16) US Clinic
Facility

(17) PO Box 123, Anywhere, WA 98000
Address

SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001
Name of individual to be sterilized Date of sterilization operation

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be
Specify type of operation

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 24 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery
Individual's expected date of delivery (21) _____
☐ Emergency abdominal surgery (describe circumstances)

(22) _____ (23) October 1, 2001
Physician's Signature Date

(24) Dr. Tim Lu
Physician's Printed Name

Hysterectomies [Refer to WAC 388-531-1550(10)]

- Hysterectomies are reimbursed only for medical reasons unrelated to sterilization.
- **Prior authorization is not required** in either of the following circumstances:
 - ✓ The client has been diagnosed with cancer(s) of the female reproductive organs; and/or
 - ✓ The client is 46 years of age or older.
- Use MAA's expedited prior authorization (EPA) process for clients 45 years of age and younger who have not been diagnosed with cancer(s) of the female reproductive organs. See Section I – Prior Authorization.
- Federal regulations prohibit payment for hysterectomy procedures until a properly completed consent form is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons must obtain a copy of a completed DSHS-approved consent form to attach to their claim.
- **ALL** hysterectomy procedures require a properly completed DSHS-approved consent form, regardless of the client's age or the ICD-9-CM diagnosis.
- Submit the claim and completed DSHS-approved consent form to the:

**DIVISION OF PROGRAM SUPPORT
PO BOX 9248
OLYMPIA WA 98507-9248**

Download the Hysterectomy Consent Form (DSHS 13-365) at:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>